2016-11-10-03-001-8441

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTSFor Other Than An Authorized Committee

	· · · · · · · · · · · · · · · · · · ·						Office Use Offi	<u>/</u>
1. NAME OF COMMITT	EE (in full)	TYPE OR PRINT		ample: If typin er the lines.	g, type	12FE4M	5	
Singl	le Sub	ject 1	Mendme	nti	<u> </u>	· - 1	1 1 1	· <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
	 <u> </u>	·	· .		<u>.</u> 1 1 1 1 1 1		::	
ADDRESS (nu	mber and street)	1267 J	ohn Kn	oixi Ra	Sui	te 1/	00111	
▼ Chec	k if different		· · · . _ <u> </u>	1111	<u> </u>		_1 <u> </u>	
than	previously ted. (ACC)	17/a///a	hassee	1 1 1	1	E4 1	3,23,93	3-[
2. FEÇ IDE	NTIFICATION N	UMBER ▼	CITY A	<u> </u>	S	TATE A	ZIP (CODE A
CQ	95426	9.6	3. IS THIS REPORT	31.46	IEW N) OR	AM (A)	ENDED	
4. TYPE O (Choose C	F REPORT	(b) Monthly Report	Feb 20 (M2) [] \	May 20 (M5)	`Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quart	erly Reports:	Due On:	Mar 20 (M3) 🔲	un 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15		Apr 20 (M4)		ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
LJ (Quarterly Report (Q1) (c) 12-Da	ау	Primary (12P		General (12G)	Runoff (12R)
	luly 15 Quarterly Report (October 15	Q2) Repo	Election rt for the:	Convention (12C)	Special (12S)	
П	Quarterly Report (January 31 Year-End Report (Election on	M * N /	0, 0 /	2 7 1 7 1 7	in th State	
	luly 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Da	ay I-Election I	General (30G	·) 🔲	Runoff (3	0R)	Special (30S)
	Fermination Repor TER)		Election on		· · · · · · · · · · · · · · · · · · ·		in th State	1 1
5. Covering	Period 0	7 07	2016	through	0.9	30	20/0	6
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.								
	Name of Treasure	111	Spider	Web	<i>f</i> :		. ,	
Signature of T	reasurer	us	Webl))	Da	ite //	02	2016
NOTE: Submis	sion of false, error	neous, or incomplet	e information may s	ubject the pers	on signing this	s Report to th	e penalties of	52 U.S.C. § 30109
Offic								ORM 3X
Use Onl							Rev. 0	5/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2						
W	Trite or Type Committee Name Single Seubje	ct amendment					
Re	eport Covering the Period: From:	0.7 0.1 2016	o: 0,9 3,0 207,0				
		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1, 20/6		24014				
	(b) Cash on Hand at Beginning of Reporting Period	1.7.0.1.1					
	(c) Total Receipts (from Line 19)	3.0.6.0.0					
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47011	93156				
7.	Total Disbursements (from Line 31)	39500	8.56.45				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7.5ml.(1.5-1.1				
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)						
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	8,9,33,39					
	This committee has qualified as a mu	lticandidate committee. (see FEC FORM 1M)					
		For further information contact:					
		Federal Election Commission 999 E Street, NW Washington, DC 20463					
		Toll Free 800-424-9530 Local 202-694-1100					

2016: 11: 10: 0M: 0011817N

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name Singly Subject amendment Report Covering the Period: From: Of Of 2012 01 To: 09 30 2016 1. Receipts COLUMN A Total This Period Total This Period 1. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	FEC Form 3X (Rev. 05/2016)		Page 3
Report Covering the Period: From: O.7 O.7 E. O.7 To: O.9 3.0 2.07.6 I. Receipts COLUMN A Total This Period COLUMN B Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)			
Report Covering the Period: From: O.7 O.7 2.01.0 To: 0.9 3.0 2.01.6 I. Receipts COLUMN A Total This Period COLUMN B Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Single Subject	amendment	·
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)			To: 0.9 3.0 2.0.7 6
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts		
(iii) TOTAL (add Lines 11(a)(i) and (ii) (b) Political Party Committees (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees 13. All Loans Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	(a) Individuals/Persons Other Than Political Committees		
(c) Other Political Committees (such as PACs)	(iii) TOTAL (add		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees	(c) Other Political Committees	77 6 772 6 77	
14. Loan Repayments Received	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	13. All Loans Received	300,00	691,42
	15. Offsets To Operating Expenditures		
(Carry Totals to Line 37, page 5)			
Political Committees	17. Other Federal Receipts		
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 		

19.	Total Receipts (add Lines 11(d),
	12, 13, 14, 15, 16, 17, and 18(c))

20.	Total Federal Receipts	
	(subtract Line 18(c) from Line	19)

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

3000	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 **COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees...... 24. Independent Expenditures 25. 26. Loan Repayments Made..... Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))........... 29. Other Disbursements (Including Non-Federal Donations)..... 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)		or disbursements	Page 5
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)		
34.	Total Contribution Refunds (from Line 28(d))		A A 433 A 9 475 B B 675 A
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	J 452 L 462 L 6 477 L	A 12 1 1 572 1 A 272 1
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	3.95.00	47-85-62-45
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	39500	8.56.45

		•
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) Single Subject am	undment	
Full Name of Individual (Last, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 295 Rosefull Dr.	<i>ξ</i> ',	08'30'2016
City Tallahance FL	Zip Code 323/2	Amount of Each Receipt this Period ·
FEC ID number of contributing federal political committee.		30.0.00
Name of Employer (for Individual) Occu	upation (for Individual) Refered	Memo Item
Receipt For: Primary General Other (specify) ▼ Aggregate	Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Initial) or Full OB.	rganization Name	Date of Receipt
Mailing Address City State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period

Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Rem
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼	
Full Name of Individual (Last, First, Middle Mailing Address	Initial) or Full Org	anization Name	Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).			

TOTAL This Period (last page this line number only).....

SCHEDULE C (FEC Form 3X)

LOANS	,		Use separate schedule(s for each category of the Detailed Summary Page	··
NAME OF COMMITTEE (In Full)		•		TOTAL TO GET TOTAL OX
	ibject	amendme	ent	. :
LOAN SOURCE Full Name (La Weff W.	st First, Mic		☐ Memo Item	Election: Primary General
Mailing Address 295 Roselm City	N D	State ZIP Co.	·	Other (specify) ▼
Tallahorse			23/2	
	0.0.0	Cumulative Payment To	Date Balai	nce Outstanding at Close of This Period
Date Incurred	/ <u>.</u> '6	Date Due	Interest Rate	Secured: Yes Wo
List All Endorsers of Guaranto 1. Full Name (Last, First, Middle		o Loan Source	Name of Employer	
Mailing Address			Occupation :	
City	State	ZIP Code	Guaranteed	
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
.City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	The State of the S
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	3.2.3.7.1.1.2.4
SUBTOTALS This Period This Pag				
TOTALS This Period (last page in				
Carry outstanding balance only to	LINE 3, Sch	edule D, for this line. If	no Schedule D, carry forw	vard to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

OANS	•	Use separate schedule(sfor each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full)	i	Dotailed Summary Page	FUR LINE 13 OF FURM 3X
Single Subject	et amender	ent	÷
LOAN SOURCE Full Name (Last, I		☐ Memo Item	Election:
West, W			Primary
Mailing Address	• • • • • • • • • • • • • • • • • • • •	<u> </u>	General Other (specify) ▼
295 Rosely	in Do E		(marea)
Citý	State	ZIP Code	
City	e FL	323/2	
Original Amount of Loan	Cumulative Payı	ment To Date Bala	nce Outstanding at Close of This Period
35.5	00		3,550,0
TERMS Date Incurred	Da	ite Due Interest Rate	e Secured:
05 28 201	6	/	% (apr) Yes UNo
List All Endorsers or Guarantors	f any) to Loan Source		
1. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City .	State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	·
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Init	tial)	Name of Employer	•
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (control of the Page in this Post of the Page in this page in the	· · · · · · · · · · · · · · · · · · ·		
Carry outstanding balance only to LIN	E 3. Schedule D. for this	line. If no Schedule D, carry for	ward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) **PAGE** Use separate schedule(s) **LOANS** for each category of the **Detailed Summary Page** FOR LINE 13 OF FORM 3X NAME OF COMMITTEE (In Full) Single Suffect amendment LOAN SOURCE Full Name (Last, First, Middle Initial) Election: ☐ Memo Item Mailing Address 295 Rosehill Dr E. Primary General Other (specify) ▼

City	, , , , , , ,	State ZIF	Code		
Tallahane	2	FL	323/2		
Original Amount of Loan		Cumulative Paymen			
	3,6,42		36.42		
TERMS		D-1-1	interest Bate		
Date Incurred . Date Due interest Rate Secured:					
List All Endorsers or Guaran	tors (if any) t	o Loan Source			
1. Full Name (Last, First, Midd	de Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Mido	de Initial)	——————————————————————————————————————	Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount		
			Guaranteed Outstanding:		
3. Full Name (Last, First, Midd	dle Initial)		Name of Employer		
fvailing Address	AND THE PROPERTY OF THE PARTY O		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
UBTOTALS This Period This Po			Committee of the commit		
	in this into Offi	y /······	township and manufactured manuf		

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

OF

CHEDULE C (FEC I	Form 3X)		<u></u>	
OANS		Use separate schedule(s) for each category of the	PAGE OF	
		Detailed Summary Page	FOR LINE 13 OF FORM 3X	
AME OF COMMITTEE (In Fu				
Single	Subject	amends	ment	<u>. </u>
LOAN SOURCE Pull Nam	e (Last, First, Mic	Idle Initial)	☐ Memo Item El	ection:
Weff W.S.				General
Mailing Address	,			Other (specify) ▼
29	5 Kose	W DiE		
City	harree	State ZIP (323/2	
Original Amount of Loan		Cumulative Payment	To Date Balance	Outstanding at Close of This Perio
	24.00			. , , , , , , , , , , , , , , , , , , ,
TERMS		Data Di	in Interest Pote	Secured:
Date Incurre		Date Du	le Interest Rate	
	-0.1.5			Yes UNG
List All Endorsers of Guar	Marie Marie Marie Marie 17 14 18 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Loan Source		
1. Full Name (Last, First, M	liddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, M	fiddle Initial)		Name of Employer	.e
Mailing Address			Occupation	
·		·		
City	State	ZIP Code	Amount Guaranteed	
3. Full Name (Last, First, M	fiddle Initial)		Outstanding:	
			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount	dennicus en dennicus de la company de la com
			Guaranteed Outstanding:	N. J
4. Full Name (Last, First, N	fiddle Initial)		Name of Employer	
Mailing Address		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	
			- Branchouse	Carrie Ca
SUBTOTALS This Period This	age (optional).			
FOTALS This Period (last pag	e in this line only	<i></i>		
Carry outstanding balance or	ly to LINE 3, Sch	nedule D, for this line.	If no Schedule D, carry forward	to appropriate line of Summary

SCHEDULE C (FEC Form 3X) LO

OANS			Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X	
NAME OF COMMITTEE (In Fu	I)		Detailed Summary Fage	FOR LINE 13 OF FORM 3X	
		amendma	nt	· •	
LOAN SOURCE Full Nam			·	ection: Primary General	
Mailing Address	Roselil	Dr E		Other (specify) ▼	
295 City Vallaha	y cosecu	State ZIP C	ode		
	see				
Original Amount of Loan	2,0.0.0	Cumulative Payment To	D Date Balance	Outstanding at Close of This Period $\varphi_{2000000000000000000000000000000000000$	
Date Incurre O 2 / 2 / 2 List All Endorsers or Gual 1. Full Name (Last, First, M	antors (if any) to	Date Due	Name of Employer	Secured:	
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, M	liddle Initial)		Name of Employer		
Mailing Address	.		Occupation		
City	State	ZIP Code	Guaranteed		
3. Full Name (Last, First, M	liddle Initial)	•	Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, M	liddle Initial)		Name of Employer		
Mailing Address			Occupation ,		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This	Page (optional).	· · · · · · · · · · · · · · · · · · ·	General process		
TOTALS This Period (last page			f no Schedule D. carry forward		

SCHEDULE C (FEC Form 3X)

OANS			Use separate schedule(for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full)			1	
	ubje	A awards	nent	
LOAN SOURCE Full Name (Las		·	☐ Memo Item	Election:
West	$(, \omega)$, <i>S</i> .		Primary General
Mailing Address	,	. 1 0 -		Other (specify) ▼
295	Rose	hill DIE		
City		State ZIP Co]
City		,	23/2	
Original Amount of Loan	endamentelen sed	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
200	2.0 ₀			2,0,0,0
TERMS Date Incurred		Date Due	Interest Rate	e Secured: 2
12 /2 20	1.K			C % (apr) Yes YNo
List All Endorsers of Guarantors	(if any) to	Loan Source		
Full Name (Last, First, Middle !	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
2. Full Name (Last, First, Middle	nitial\	<u> </u>	Outstanding:	of the section of the
2. Full Name (Last, Flist, Middle Hillar)				
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	Anna 72 marks and an
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page	(optional).			
TOTALS This Period (last page in the	nis line only	·)	•	
Carry outstanding balance only to I	INE 3. Sch	edule D. for this line. If	no Schedule D. carry for	ward to appropriate line of Summary.

	50 Faure 010				
CHEDULE C (FEC Form 3X) OANS			Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X	
ME OF COMMITTEE (In Full)		Dotalios Callinary Fago	TOTALINE 13 OF TOTAL 3X	
	2 Subject	45. 1	1		
LOAN SOURCE Full	Name (Last First Mide	Mindmen	☐ Memo Item E	lection:	
LOAN SOURCE Full Name (Last, First, Middle Initial) Well W.S.				Primary General	
Mailing Address	95 Roseli	U DIE	į.	Other (specify) ▼	
City	harser		Code		
Original Amount of L		Cumulative Payment	To Date Balance	Outstanding at Close of This Period	
	.89.2.97			89297	
TERMS Date I	ncurred	Date D	ue Interest Rate	Secured:	
6.7 01	2014	· · · · · · · · · · · · · · · · · · ·		C % (apr) Yes Vo	
Hist All Endorsers or	Guarantora ((i) amy) to	Loan Source			
1. Full Name (Last, F	irst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
			·		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed	Andrew Andrews Andrews Andrews Andrews	
3. Full Name (Last, First, Middle Initial)					
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
Çity	State	ZIP Code	Amount Guaranteed Outstanding:	generating them to promote grant and a second secon	

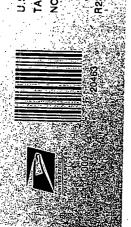
SUBTOTALS This Period This Page (optional).....

SCHEDULE C (FEC Form 3X) L

OANS			Use separate schedule(s) for each category of the	PAGE OF
			Detailed Summary Page	
NAME OF COMMITTEE (In Full)		•		
Single Sub	Je it	amendo	rent	
LOAN SOURCE Full Name (Last	, First, Mic		☐ Memo Item	Election:
(s/ebb. 4).5.				Primary General
Mailing Address	<u> </u>	^. 0 -		Other (specify) ▼
295 /	Rose	W DrE		
City		State ZIP Co		
Vallahasse	<u> </u>	FL 32	23/2	
Original Amount of Loan		Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
2/03	0.0			2/0500
TERMS Date Incurred		Date Due	Interest Rate	Secured:
O.Y' 0,7' 50)	Ý	M P.W / B P B / Y		Yes ☐ Yes ☐ No
List All Endorsers or Guarantors	(if any) to	o Loan Source		
1. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	·
City	State	ZIP Code	Amount	
:			Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	-
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	Brand Jan Barran
3. Full Name (Last, First, Middle I	l nitial)		Outstanding:	hand inches dans line does land inches d
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation ·	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page	(optional)		•	
TOTALS This Period (last page in the	is line only	y)	•	
Carry outstanding balance only to L	INE 3, Sch	nedule D, for this line. If	no Schedule D. carry forv	vard to appropriate line of Summary.

CHEDULE C (FEC)	·orm 3X)			<u></u>
DANS		Use separate schedule(s)	PAGE OF	
			for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Ful	<u> </u>		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1
		it amene	dment	;
LOAN SOURCE Full Name	e (Last, First, Mic	ddle Initial)	☐ Memo Item E	lection:
Webl, W.S.			-	Primary General
Mailing Address	10,001			Other (specify) ▼
295	Roseli	1 DE		
City				
· ,			23/2	·
Original Amount of Loan		Cumulative Payment To	Date Balance	e Outstanding at Close of This Period
1. 32.46	00,00	A 20 1		46,0000
TERMS Date Incurred		Date Due	Interest Rate	Secured:
03'07'2	014	, B.v.D. , V.		% (apr) Yes 4No
List All Endorsers or Guar	antors (if any) to	o Loan Source		
1. Full Name (Last, First, M		the base in period of the first transfer the property of the control of the contr	Name of Employer	
Mailing Address			Occupation	
, , , , , , , , , , , , , , , , , , ,				
City	State	ZIP Code	Amount Guaranteed Outstanding:	-5
2. Full Name (Last, First, M	iddle Initial)		Name of Employer	
			·	<u> </u>
Mailing Address			Occupation	* t :
City	State	ZIP Code	Amount	
			Guaranteed Outstanding:	The Area Through
3. Full Name (Last, First, M	iddle Initial)	 	Name of Employer	
		·		
Mailing Address			Occupation	
City	State	ZIP Code	Amount	
			Guaranteed Outstanding:	
4. Full Name (Last, First, M	liddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Programme	
:			Guaranteed Outstanding:	72 - A - A - A - A - A - A - A - A - A -
CURTOTAL C. This Desired Till	D (c-+: "		and the second	of same the
SUBTOTALS This Period This	rage (optional)		•	
TOTALS. This Period (last pag	e in this line only	y)		
			hambar	
Carry outstanding balance on	ly to LINE 3 Sch	nedule D for this line H	no Schedule D. carry forwar	d to appropriate line of Summary

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PREPARER (3/2015)

11/10/16 DATE PREPARED